

FILED NOV 16 1948

Registration District No. 61

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4107

State File No. 35910

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Cedar  
(b) City or town El Dorado Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME JAMES A. FUNK

3. (b) If veteran, \_\_\_\_\_ 3. (c) Social Security No. u  
name war \_\_\_\_\_

4. Sex MALE 5. Color or race white  
6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
7. Birth date of deceased July 30 1971  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 3 13 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace ILL. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter  
(City, town, or county) (State or foreign country)

11. Industry or business \_\_\_\_\_

12. Name James A. Funk  
(City, town, or county) (State or foreign country)

13. Birthplace Ill 1  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah E. Clark  
(City, town, or county) (State or foreign country)

15. Birthplace Ill 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Sarah E. Clark  
(b) Address Panama Kans

17. (a) Buried (b) Date received 11-15-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Buried

(d) Address El Dorado Mo

19. (a) 11-13-48 (b) George W. Mafey  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20  
(c) City or town El Dorado Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. S Kirkpatrick  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 13  
year 1948 hour 6 minute 45 AM  
21. I hereby certify that I attended the deceased from 46  
19 11-13 to Nov 13 19 48  
that I last saw him alive on 11-13 and that death occurred on the date and hour stated above.

Immediate cause of death Virus pneumonia Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Specify type of place)

Major findings: \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(e) \_\_\_\_\_

(f) \_\_\_\_\_

(g) \_\_\_\_\_

(h) \_\_\_\_\_

23. Signature George W. Mafey (M. D. or other)

Address El Dorado Springs Mo Date signed 11-13-48

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 71

District File Number 16-481320

Date Filed 11-15-28

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*George W. Mafus*

Licensed Embalmer No. 2752

P. O. Address

*El Dorado Miss.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. *Dec*  
Registrar's No. *56*

Registration District No. *61*

Primary Registration District No. *4107*

1. PLACE OF DEATH:

- (a) County *Cedar*  
(b) City or town *El Dorado Springs*  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether  
In this community years, months or days)

3. (a) PRINT FULL NAME

- James A. Funk*  
3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex *M* 5. Color or race *W* 6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive

7. Birth date of deceased *July 30* (Month) (Day) (Year)

8. AGE: Years *76* Months *3* Days *5* If less than one day, hr. min.

9. Birthplace *Ill* (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

- (b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

- (c) Place: burial or cremation

18. (a) Signature of funeral director

- (b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State (b) County  
(c) City or town (If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *July* Year *1948* hour *13* minute *3* M.

21. I hereby certify that I attended the deceased from to , 19 ;

- that I last saw him alive on , 19 ;

- and that death occurred on the date and hour stated above.  
Immediate cause of death *chronical*

- Due to

- Due to

- Other conditions (Include pregnancy within 3 months of death)

- Major findings: Of operations

- Of autopsy *107*

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)

- (b) Date of occurrence

- (c) Where did injury occur? (City or town) (County) (State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place?

- While at work? (Specify type of place) (e) Means of injury

23. Signature *L. T. Dunaway* (M. D. or other)

- Address *El Dorado* Date signed *11/24/48*

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

S-35910